Shift Patterns on the Clinical Performance of Staff Nurses in a Government Hospital

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ABSTRACT

This study aimed to compare the clinical performance of staff nurses working under 8-hour and 12-hour shift patterns in a government hospital in Surigao City, Philippines. A comparative descriptive research design was utilized involving staff nurses assigned to different hospital units. Data were collected using the Six-Dimension Scale of Nursing Performance developed by Schwirian, which measures both the extent and quality of nursing performance across leadership, critical care, teaching or collaboration, planning or evaluation, interpersonal communication, and professional development. Descriptive statistics and inferential statistic measure were used to analyze the data. Findings revealed that nurses demonstrated a generally high level of clinical performance under both shift schedules. Significant differences were observed in the frequency of clinical performance in leadership, critical care, and teaching or collaboration activities, while no significant differences were found in planning or evaluation and interpersonal communication. In terms of performance quality, only leadership showed a significant difference according to shift schedule. The results suggest that nurses maintain effective clinical performance regardless of shift length, although certain aspects of nursing practice may vary depending on shift structure.

Keywords: Clinical performance, Nursing shift patterns, 8-hour shift, 12-hour shift, Staff nurses

INTRODUCTION

Hospitals operate continuously, making shift scheduling an essential strategy in maintaining uninterrupted patient care. The most common nursing schedules worldwide are the 8-hour and 12-hour shifts, both of which influence nurses' energy level, alertness, work pace, decision-making, and ability to complete clinical tasks effectively. In recent years, many healthcare institutions have shifted to longer duty hours due to staffing shortages, increased patient demand, and the belief that extended shifts reduce handovers and improve continuity of care (Shehata et al., 2024). While shorter shifts may lessen physical strain and cognitive overload, longer shifts are associated with uninterrupted patient monitoring and smoother workflow management, although prolonged duty hours may also contribute to fatigue, slower reaction time, and decreased accuracy during complex patient care situations (Martinez & Tapia, 2025; Dall'Ora et al., 2023). Clinical performance, which includes safe, accurate, timely, and organized nursing care, is highly influenced by workload, emotional strain, fatigue, and task interruptions that may be associated with shift duration (Australian Commission on Safety and Quality in Health Care, 2025).

In the government hospital in Surigao City, duty schedules shifted from the traditional 8-hour schedule to a 12-hour duty system during the COVID-19 pandemic to maximize limited manpower, reduce staff exposure, and sustain staffing in isolation and COVID-related units. Although the 12-hour schedule addressed operational demands, field observations revealed increased nurse exhaustion and decreased concentration during extended hours. In the last quarter of 2025, the hospital returned to the 8-hour schedule to comply with regulatory standards and prepare for audits and accreditation requirements. While shorter shifts reduced prolonged fatigue, they also resulted in more frequent endorsements, rushed transitions, and interruptions in continuity of care. These repeated transitions created mixed experiences among nurses, as some perceived longer shifts as beneficial for workflow continuity and task completion, while others reported decreased alertness and difficulty

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sustaining performance during extended duty hours. Existing literature also presents inconsistent findings, with some studies linking long shifts to burnout, missed care, and fatigue, while others report improved workflow and focus during uninterrupted work periods (Dall'Ora et al., 2023; Martinez & Tapia, 2025).

Despite the importance of shift scheduling, limited local studies have directly compared the clinical performance of nurses working under 8-hour and 12-hour shifts in Philippine government hospitals, particularly outside urban settings. Most local studies focus on workload, burnout, or job satisfaction rather than clinical performance outcomes, creating a gap in evidence-based staffing and scheduling practices. Therefore, this study aims to compare the clinical performance of staff nurses working under 8-hour and 12-hour shift patterns in a government hospital in Surigao City. The study supports SDG 3: Good Health and Well-Being and SDG 8: Decent Work and Economic Growth by promoting safe healthcare services, sustainable workforce systems, and safe working environments. The findings may guide nurse administrators and hospital decision-makers in developing staffing and scheduling policies that balance quality patient care, nurse well-being, productivity, and patient safety in public healthcare settings.

Research Questions

This study was to compare the clinical performance of staff nurses working under 8-hour and 12-hour shift patterns in a government hospital in Surigao City, Philippines for the first quarter for the year 2026.

The study specifically answered the following queries:

1. What was the extent of clinical performance of staff nurses under 8-hours shift duration in terms of:

    1.1 leadership;
    1.2 critical care;
    1.3 teaching and collaboration;
    1.4 planning and evaluation; and
    1.5 interpersonal relations and communication?

2. What was the extent of clinical performance of staff nurses under 12-hours shift duration in terms of:

    2.1 leadership;
    2.2 critical care;
    2.3 teaching and collaboration;
    2.4 planning and evaluation;
    2.5 interpersonal relations and communication?

3. Was there a significant difference in the extent of clinical performance between staff nurses working under 8-hours and 12-hours shift patterns?

4. What was the quality of clinical performance of staff nurses under 8-hours shift duration in terms of:\

    4.1. leadership;
    4.2. critical care;
    4.3. teaching and collaboration;
    4.4. planning and evaluation;
    4.5. interpersonal relations and communication; and
    4.6. professional development?

5. What was the quality of clinical performance of staff nurses under 12-hours shift duration in terms of:

    5.1 leadership;
    5.2 critical care;
    5.3 teaching and collaboration;

5.4 planning and evaluation;
5.5 interpersonal relations and communication; and
5.6 professional development?

6. Was there a significant difference in the quality of clinical performance between staff nurses working under 8-hours and 12-hours shift patterns?

7. Based on the findings, what nurse clinical performance enhancement plan was proposed?

Statement of Null Hypothesis

H_{o1}: There was no significant difference in the frequency of clinical performance between staff nurses working under 8-hours and 12-hours shift patterns.

H_{o2}: There was no significant difference in the quality of clinical performance between staff nurses working under 8-hours and 12-hours shift patterns.

REVIEW OF RELATED LITERATURE AND STUDIES

Shift Patterns in Nursing Practice. Nursing shift patterns are organizational strategies used by healthcare institutions to ensure continuous patient care across a 24-hour period, and these scheduling systems significantly influence workload distribution, nurse fatigue, teamwork, patient safety, and overall healthcare operations (Dall'Ora et al., 2023; Griffiths et al., 2022). Recent studies have shown that shift schedules affect both nurse well-being and clinical outcomes, making shift management an important concern in nursing administration and workforce planning (Stimpfel et al., 2021). Literature indicates that extended shifts may improve continuity of care, reduce the number of handovers, and provide nurses with more consecutive days off, which some nurses perceive as beneficial for work-life balance and workflow management (Ejebu et al., 2021; Ball et al., 2022). However, longer duty hours are also associated with increased physical and mental fatigue, reduced alertness, burnout, impaired attention, communication difficulties, and a higher risk of clinical errors or missed nursing care, especially when staffing is inadequate or workload is heavy (Dall'Ora et al., 2023; Griffiths et al., 2022; Farag et al., 2024). Studies further emphasize that fatigue accumulation during prolonged shifts may negatively affect nurses' decision-making, vigilance, and coordination with healthcare teams (Stimpfel et al., 2021; Verhagen et al., 2024). In contrast, evidence also highlights that 8-hour shifts may support safer care delivery by reducing prolonged physical strain and mental exhaustion, making shorter schedules a practical and potentially safer option in some clinical settings (Clari et al., 2023).

Clinical Performance of Nurses. Clinical performance is a key indicator of the quality of nursing care delivered in healthcare institutions. It refers to the ability of nurses to effectively carry out professional responsibilities such as patient assessment, care planning, collaboration with healthcare teams, and evaluation of patient outcomes. Clinical performance reflects the competence, knowledge, and skills of nurses in providing safe and effective patient care (Koopmans et al., 2021; Li et al., 2023). Because nurses are directly involved in continuous patient monitoring and care coordination, their level of performance significantly affects healthcare outcomes and patient safety. Studies have shown that higher levels of nursing performance are associated with improved patient outcomes, reduced clinical errors, and enhanced patient satisfaction in hospital settings (Aiken et al., 2021; Wei et al., 2022). Several studies have highlighted the importance of maintaining high levels of clinical performance among nurses. According to Li et al. (2023), nursing performance plays an important role in ensuring the quality and safety of patient care because nurses are responsible for monitoring patient conditions and implementing appropriate interventions in clinical settings. The study further emphasized that high levels of nursing performance are associated with better patient outcomes and fewer clinical errors.

Similarly, Li et al. (2023) reported that the quality of nursing care is closely linked with the performance of nurses in carrying out their duties. The study found that when nurses demonstrate strong clinical performance, patient satisfaction, safety, and treatment outcomes tend to improve. Conversely, reduced performance among nurses may contribute to missed nursing care and patient safety risks. Clinical performance has also been

associated with nurses' work environment and workload. Martinez et al. (2025) found that nurse staffing patterns and work schedules influence workload distribution and may affect the performance of nurses in clinical settings. When nurses experience heavy workloads or inadequate staffing, the ability to deliver optimal care may be compromised.

Extent of Clinical Performance. The extent of clinical performance refers to how frequently nurses perform nursing activities such as patient assessment, medication administration, patient education, care coordination, and collaboration with healthcare teams during their duties. Frequent engagement in these activities is important because nurses play a central role in monitoring patient conditions, implementing interventions, and ensuring patient safety and recovery (Schwirian, 1978, as cited in Vitale et al., 2022). Studies show that regular performance of nursing interventions improves quality of care, strengthens clinical competence, enhances decision-making, and reduces missed nursing care in hospital settings (Ball et al., 2022; Griffiths et al., 2022). Research further indicates that nurses who consistently engage in patient care activities are more likely to detect patient changes early and respond appropriately to clinical situations (Li et al., 2023). The extent of nursing activities may also vary depending on staffing levels, patient acuity, workload demands, and shift schedules, particularly in high-acuity healthcare environments where nurses may need to prioritize critical tasks during busy shifts (Martinez et al., 2025; Dall'Ora et al., 2023). In addition, effective communication, collaboration, and leadership behaviors among nurses contribute to continuity of care, stronger clinical decision-making, and improved patient outcomes (Wei et al., 2022; Rosen et al., 2021; Boamah et al., 2022). Overall, the literature highlights that understanding how shift patterns influence the extent of nursing performance is essential in improving staffing strategies, workload distribution, and safe patient care in healthcare institutions.

Quality of Clinical Performance. Nursing shift patterns play a significant role in shaping nurses' working conditions and may influence the quality of clinical performance, particularly through their effects on fatigue, continuity of care, and work efficiency (Dall'Ora et al., 2023; Griffiths et al., 2022). Studies have shown that extended twelve-hour shifts may provide benefits such as improved continuity of care and reduced shift handovers, which help minimize communication errors and support more coordinated patient management (Ball et al., 2022; Stimpfel et al., 2021). However, research also highlights concerns regarding the effects of longer shifts on nurse fatigue and clinical performance. Extended working hours have been associated with increased occupational fatigue, impaired attention, decision-making difficulties, and reduced cognitive performance, which may negatively affect patient safety and quality of care (Scott-Marshall et al., 2024). Similarly, fatigue levels were found to increase significantly during longer shifts, particularly night duties, potentially affecting nurses' ability to sustain high-quality performance throughout the shift (Beckman et al., 2022). Despite these concerns, some nurses prefer longer shifts because they provide more consecutive days off and improved work-life balance. Since both eight-hour and twelve-hour shifts present advantages and challenges, researchers continue to examine how different shift patterns influence nurses' clinical performance and overall patient care outcomes.

Clinical Performance of Nurses Working Under 8-Hours Shifts. The eight-hour shift schedule is traditionally used in many healthcare institutions, where nurses commonly work three shifts within a 24-hour period consisting of morning, afternoon, and night duties. One advantage of this schedule is that it may help reduce fatigue because nurses work shorter duty hours during each shift (Dall'Ora et al., 2023; Griffiths et al., 2022). Studies have shown that nurses assigned to eight-hour shifts often experience better physical recovery, lower occupational fatigue, and improved concentration during patient care activities compared with those working extended shifts (Stimpfel et al., 2021). Shorter shifts may help nurses maintain higher levels of alertness, which can contribute to improved accuracy in medication administration, patient monitoring, and other critical clinical tasks related to patient safety (Wei et al., 2022). Additionally, more frequent shift handovers allow multiple nurses to review patient conditions within a day, promoting shared responsibility among healthcare teams (Rosen et al., 2021). However, the schedule also presents challenges, as frequent handovers may disrupt continuity of care when communication between nurses is ineffective, emphasizing the importance of proper endorsement and handover procedures to ensure accurate transfer of patient information (Griffiths et al., 2022).

Studies on the 8-hour Shift. The eight-hour shift schedule is traditionally used in many healthcare institutions, where nurses commonly work three shifts within a 24-hour period consisting of morning, afternoon, and night duties. One advantage of this schedule is that it may help reduce fatigue because nurses work shorter duty hours during each shift (Dall'Ora et al., 2023; Griffiths et al., 2022). Studies have shown that nurses assigned to eight-hour shifts often experience better physical recovery, lower occupational fatigue, and improved concentration during patient care activities compared with those working extended shifts (Stimpfel et al., 2021). Shorter shifts may help nurses maintain higher levels of alertness, which can contribute to improved accuracy in medication administration, patient monitoring, and other critical clinical tasks related to patient safety (Wei et al., 2022). Additionally, more frequent shift handovers allow multiple nurses to review patient conditions within a day, promoting shared responsibility among healthcare teams (Rosen et al., 2021). However, the schedule also presents challenges, as frequent handovers may disrupt continuity of care when communication between nurses is ineffective, emphasizing the importance of proper endorsement and handover procedures to ensure accurate transfer of patient information (Griffiths et al., 2022).

Studies on the 12-hour Shift. Globally, the use of 12-hour shifts has increased due to staffing shortages, operational efficiency, and nurse preference for fewer workdays per week. Studies have shown that 12-hour shifts may provide certain advantages, including lower stress and exhaustion, improved subjective well-being, less fragmented sleep, and moderate levels of job satisfaction and flexibility among nurses (Ito-Masui et al., 2025; Sánchez Onrubia et al., 2025). Findings further suggest that organizational support, environmental factors, and individual adaptation may help reduce the negative effects of extended shifts. However, an increasing body of research also links 12-hour shifts with fatigue-related risks that may affect clinical performance. Longer shifts have been associated with increased fatigue, physical strain, burnout risk, and lower engagement in professional development activities, although evidence regarding direct effects on patient outcomes remains inconsistent (Clari et al., 2023). Similarly, James et al. (2021) found that while overall clinical performance remained generally consistent after three consecutive 12-hour shifts, nurses experienced increased subjective tiredness, reduced sustained attention, and slight declines in communication abilities, particularly during night shifts. These findings suggest that although technical aspects of nursing performance may be maintained during extended shifts, communication and interpersonal functioning may be more vulnerable to prolonged working hours.

Comparison of Clinical Performance according to Shift Patterns. Studies comparing 8-hour and 12-hour nursing shifts present mixed findings regarding their effects on clinical performance, fatigue, job satisfaction, and patient safety (Dall'Ora et al., 2023). Literature reviews report that the effects of shift length remain inconclusive, with some studies identifying negative outcomes associated with extended shifts while others show neutral or positive effects depending on staffing conditions, teamwork, and organizational support (Griffiths et al., 2022; Ball et al., 2022). Research further shows that nurses working 12-hour shifts often report greater fatigue, health complaints, sleep disturbances, and turnover intention, although some nurses prefer longer shifts because they provide better continuity of care, fewer handovers, and more days off (Stimpfel et al., 2021; Ito-Masui et al., 2025; Martinez & Tapia, 2025). Comparative studies also indicate that 8-hour shifts may perform better in terms of quality and safety in settings requiring continuous emotional engagement and patient behavior management (Beckman et al., 2022). Overall, the literature suggests that neither shift pattern is universally superior, as factors such as patient acuity, staffing levels, nurse experience, flexibility, and organizational support appear to influence how shift schedules affect nurses' clinical performance and patient care outcomes.

Design. This study made use of the descriptive, comparative research design. In this study, the descriptive design was used in determining the shift patterns of nurses (8-hour and 12-hour shifts) and their clinical performance (extent and quality) as measured by the Six-Dimension Scale of Nursing Performance (6-DSNP). The comparative design was used to determine whether a significant difference existed in the clinical performance of staff nurses when assessed under both shift conditions since the same group of nurses was evaluated twice based on their experiences in 8-hour and 12-hour shifts.

Environment. This study was conducted in a Leve 2 hospital located in Surigao City a major urban center in the northeastern part of Mindanao, Philippines.

Respondents. The respondents of this study were the 172 staff nurses in the hospital.

Sampling Design. This study used a complete enumeration.

Inclusion Criteria and Exclusion Criteria. The study included staff nurses who had worked under both 8-hour and 12-hour shift schedules for at least three months, were actively involved in direct patient care in any hospital unit, and voluntarily agreed to participate in the study. Nurses on prolonged leave, such as maternity leave, sick leave, or study leave, were excluded. Nurses who had already submitted resignation or retirement intentions were also excluded because their responses might be influenced by perceived bias. In addition, nurses occupying administrative positions, including supervisors, chief nurses, or those performing predominantly administrative roles, were excluded from the study.

Instrument. The study utilized the Six-Dimension Scale of Nursing Performance (6-DSNP) developed by Schwirian (1978), a standardized instrument designed to measure nurses' clinical performance across six dimensions: leadership, critical care, teaching/collaboration, planning/evaluation, interpersonal relations/communication, and professional development. The questionnaire consists of 52 items that assess both the frequency and quality of nursing activities performed in current practice. The first 42 items are rated using two four-point Likert scales measuring how often nurses perform specific activities and how well these activities are carried out, while Items 43–52 focus on professional development behaviors evaluated in terms of quality only. The instrument has been widely used in nursing research because of its strong conceptual framework and practical applicability in evaluating nursing performance across multiple domains of professional practice. Previous studies reported high reliability, with an overall Cronbach's alpha coefficient of 0.91 and subscale reliabilities ranging from 0.78 to 0.90, indicating strong internal consistency (Schwirian, 1978). Mean and standard deviation were computed for each dimension and overall performance scores, with mean scores interpreted using established performance categories ranging from very low to high performance. To determine significant differences in nursing performance between 8-hour and 12-hour shifts, a paired samples t-test was utilized at a significance level of $p \leq 0.05$, while Cohen's D was computed to determine the magnitude of the difference between the two shift schedules.

Data Gathering Procedures. The study followed three phases of data gathering: pre-data gathering, actual data gathering, and post-data gathering. During the pre-data gathering phase, the researcher submitted proposed research titles for approval, selected an adviser, processed transmittal letters for the Dean of the College of Allied Health Sciences and the Chief of the hospital, conducted a design hearing to evaluate the technical and ethical soundness of the study, and secured ethical approval. During the actual data gathering phase, recruitment began after the issuance of the notice to proceed, and the researcher personally distributed the questionnaires to nurses using the face-to-face intercept method before duty, during breaks, or after shifts in a private setting. Each qualified nurse completed two separate questionnaires corresponding to the 8-hour and 12-hour shift schedules, allowing each respondent to serve as their own comparison for clinical performance assessment. Completed questionnaires were checked for completeness, and incomplete responses were returned for completion until all respondents were recruited. During the post-data gathering phase, all data were encoded in Excel format and forwarded to the statistician for appropriate statistical analysis. The results were presented in tables with corresponding interpretations, implications, and supporting literature, after which the manuscript was presented for final defense. All completed questionnaires were destroyed or shredded after the final defense to maintain confidentiality.

Statistical Treatment of Data. The statistical data were analyzed. Mean score and standard deviation were used to determine the clinical performance scores of nurses under both 8-hour and 12-hour shift schedules in terms of leadership, critical care, teaching and collaboration, planning and evaluation, interpersonal relations and communication, and professional development. A paired sample t-test was utilized to compare the clinical performance of the same nurses under the two shift patterns, specifically the 8-hour and 12-hour shifts.

Ethical Considerations. Ethical considerations are an essential component of any research study. The study was submitted to the ethics committee of both the university and the hospital. Ethical approval was sought prior to the start of data gathering to ensure that the welfare of the respondents was protected.

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Presentation, Analysis, And Interpretation of Data

Table 1 Extent of Clinical Performance under 8-hours Shift

Dimensions	Mean score	SD	Interpretation
Leadership			
1. Give praise and recognition for achievement to those under his/her direction	3.33	0.563	Occasionally
2. Delegate responsibility for care based on assessment of priorities of nursing care needs and the abilities and limitations of available health care personnel.	3.60	0.492	Frequently
3. Guide other health team members in planning for nursing care.	3.48	0.513	Frequently
4. Accept responsibility for the level of care under his/her direction.	3.76	0.431	Frequently
5. Remain open to the suggestions of those under his/her direction and use them when appropriate.	3.86	0.364	Frequently
Factor mean	3.61	0.243	Frequently
Critical Care			
1. Perform technical procedures: e.g. oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes.	3.48	0.501	Frequently
2. Use mechanical devices: e.g., suction machine, cardiac monitor, respirator	3.05	0.633	Occasionally
3. Give emotional support to family of dying patient.	2.97	0.494	Occasionally
4. Perform appropriate measures in emergency situations.	3.81	0.390	Frequently
5. Perform nursing care required by critically ill patients	3.07	0.722	Occasionally
6. Recognize and meet the emotional needs of a dying patient.	3.30	0.710	Occasionally
7. Function calmly and competently in emergency situations.	3.71	0.455	Frequently
Factor mean	3.34	0.342	Occasionally
Teaching/Collaboration			
1. Teach a patient's family members about the patient's needs.	3.63	0.485	Frequently
2. Teach preventive health measure to patients and their families.	3.66	0.476	Frequently
3. Identity and use community resources in developing a plan of care for a patient and his/her family.	3.02	0.567	Occasionally
4. Adapt teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background and sensory deprivation	3.63	0.483	Frequently
5. Develop innovative methods and materials for teaching patients.	3.08	0.701	Occasionally
6. Explain nursing procedures to a patient prior to performing them.	3.90	0.307	Frequently
7. Promote the use of interdisciplinary resource persons.	3.55	0.510	Frequently
8. Use teaching aids and resource materials in teaching patients and their families.	2.97	0.679	Occasionally
9. Encourage the family to participant in the care of the patient.	3.66	0.476	Frequently
10. Communicate facts, ideas, and professional opinions in writing to patients and their families.	3.26	0.679	Occasionally
11. Use opportunities for patient teaching when they arise.	3.68	0.480	Frequently
Factor mean	3.46	0.189	Frequently
Planning/Evaluation			
1. Coordinate the plan of nursing care with the medical plan of care.	3.67	0.470	Frequently
2. Identify and include in nursing care plans anticipated changes in patient's conditions.	3.49	0.513	Frequently
3. Evaluate results of nursing care.	3.76	0.444	Frequently
4. Develop a plan of nursing care for a patient.	3.66	0.486	Frequently

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5. Initiate planning and evaluation of nursing care with others.	3.08	0.709	Occasionally
6. Identify and include immediate patient needs in the plan of nursing care.	3.78	0.416	Frequently
7. Contribute to the plan of nursing care for a patient	3.80	0.404	Frequently
Factor mean	3.60	0.257	Frequently
Interpersonal Relations/Communication			
1. Promote the inclusion of patient's decision and desires concerning his/her care.	3.63	0.507	Frequently
2. Communicate a feeling of acceptance of each patient and a concern for the patient's welfare.	3.45	0.499	Frequently
3. Seek assistance when necessary.	3.47	0.501	Frequently
4. Help a patient communicate with others.	3.22	0.453	Occasionally
5. Verbally communicate facts, ideas, and feelings to other health care team members.	3.72	0.463	Frequently
6. Promote the patients' rights to privacy.	3.92	0.274	Frequently
Interpersonal Relations/Communication			
7.Contribute to an atmosphere of mutual trust, acceptance, and respect among other health team members.	3.86	0.348	Frequently
Interpersonal Relations/Communication			
8. Identify and use resources within the health care agency in developing a plan of care for a patient and his/her family.	3.38	0.670	Occasionally
9. Use nursing procedures as opportunities for interaction with patients.	3.49	0.617	Frequently
10. Contribute to productive working relationships with other health team members.	3.57	0.497	Frequently
11. Help a patient meet his/her emotional needs.	3.23	0.641	Occasionally
12. Plan for the integration of patient needs with family needs.	2.91	0.678	Occasionally
Factor mean	3.49	0.247	Frequently
Grand mean	3.50	0.191	Frequently

Note. *n=172.*

Legend: a mean score of 1.00–1.80 (not expected in this job) 1.81–2.60 (never or seldom), 2.61–3.40 (occasionally), and 3.41–4.00 (frequently).

As shown in Table 1, the findings indicate that nurses working under the 8-hour shift frequently performed most clinical activities required in professional nursing practice, suggesting that shorter duty hours support consistent engagement in patient care responsibilities such as leadership, teaching and collaboration, planning and evaluation, and interpersonal communication. Studies have shown that shorter shifts help nurses maintain better physical energy, mental alertness, and stable attention, which contribute to more consistent task performance and improved patient care delivery (Dall'Ora et al., 2023). Leadership behaviors were frequently demonstrated through care coordination, task delegation, and communication with healthcare team members, while teaching and collaboration activities highlighted nurses' important role as educators and coordinators of patient care (Stanley et al., 2021; Wei et al., 2022). Planning and evaluation behaviors further reflected nurses' active participation in organizing and managing patient care interventions, which support safe and systematic healthcare delivery (Alghamdi et al., 2023). Interpersonal relations and communication also emerged as frequently demonstrated behaviors, emphasizing the importance of effective nurse–patient communication and teamwork in improving care quality and patient satisfaction (Kieft et al., 2021). However, critical care activities were performed less frequently in some situations, possibly due to workload demands, staffing limitations, and time constraints commonly experienced in busy healthcare settings (Griffiths et al., 2022). Overall, the findings suggest that the 8-hour shift may support consistent nursing performance, although workload and staffing conditions continue to influence the extent of clinical activities performed.

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Table 2 Extent of Clinical Performance under 12-hours Shift

Dimensions	Mean score	SD	Interpretation
Leadership			
1. Give praise and recognition for achievement to those under his/her direction	3.40	0.548	Occasionally
2. Delegate responsibility for care based on assessment of priorities of nursing care needs and the abilities and limitations of available health care personnel.	3.60	0.490	Frequently
3. Guide other health team members in planning for nursing care.	3.53	0.501	Frequently
4. Accept responsibility for the level of care under his/her direction.	3.78	0.412	Frequently
Leadership			
5. Remain open to the suggestions of those under his/her direction and use them when appropriate.	3.88	0.346	Frequently
Factor mean	3.64	0.239	Frequently
Critical Care			
1. Perform technical procedures: e.g. oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes.	3.51	0.501	Frequently
2. Use mechanical devices: e.g., suction machine, cardiac monitor, respirator	3.12	0.623	Occasionally
3. Give emotional support to family of dying patient.	3.03	0.512	Occasionally
4. Perform appropriate measures in emergency situations.	3.83	0.376	Frequently
5. Perform nursing care required by critically ill patients	3.16	0.712	Occasionally
6. Recognize and meet the emotional needs of a dying patient.	3.34	0.694	Occasionally
7. Function calmly and competently in emergency situations.	3.73	0.444	Frequently
Factor mean	3.39	0.341	Occasionally
Teaching/Collaboration			
1. Teach a patient's family members about the patient's needs.	3.64	0.482	Frequently
2. Teach preventive health measure to patients and their families.	3.67	0.470	Frequently
3. Identity and use community resources in developing a plan of care for a patient and his/her family.	3.03	0.591	Occasionally
4. Adapt teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background and sensory deprivation	3.65	0.480	Frequently
5. Develop innovative methods and materials for teaching patient.	3.12	0.665	Occasionally
6. Explain nursing procedures to a patient prior to performing them.	3.92	0.265	Frequently
7. Promote the use of interdisciplinary resource persons.	3.58	0.507	Frequently
8. Use teaching aids and resource materials in teaching patients and their families.	3.05	0.708	Occasionally
9. Encourage the family to participant in the care of the patient.	3.69	0.465	Frequently
10. Communicate facts, ideas, and professional opinions in writing to patients and their families.	3.28	0.671	Occasionally
11. Use opportunities for patient teaching when they arise.	3.71	0.468	Frequently
Factor mean	3.49	0.202	Frequently
Planning/Evaluation			
1. Coordinate the plan of nursing care with the medical plan of care.	3.67	0.470	Frequently
2. Identify and include in nursing care plans anticipated changes in patient's conditions.	3.50	0.513	Frequently
Planning/Evaluation			

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3. Evaluate results of nursing care.	3.76	0.444	Frequently
4. Develop a plan of nursing care for a patient.	3.67	0.484	Frequently
Planning/Evaluation			
5. Initiate planning and evaluation of nursing care with others.	3.09	0.686	Occasionally
6. Identify and include immediate patient needs in the plan of nursing care.	3.77	0.424	Frequently
7. Contribute to the plan of nursing care for a patient.	3.81	0.395	Frequently
Factor mean	3.61	0.260	Frequently
Interpersonal Relations/Communication			
1. Promote the inclusion of patient's decision and desires concerning his/her care.	3.65	0.504	Frequently
2. Communicate a feeling of acceptance of each patient and a concern for the patient's welfare.	3.44	0.498	Frequently
3. Seek assistance when necessary.	3.49	0.501	Frequently
4. Help a patient communicate with others.	3.23	0.476	Occasionally
5. Verbally communicate facts, ideas, and feelings to other health care team members.	3.74	0.454	Frequently
6. Promote the patients' rights to privacy.	3.90	0.299	Frequently
7. Contribute to an atmosphere of mutual trust, acceptance, and respect among other health team members.	3.87	0.335	Frequently
8. Identify and use resources within the health care agency in developing a plan of care for a patient and his/her family.	3.39	0.688	Occasionally
9. Use nursing procedures as opportunities for interaction with patients.	3.50	0.626	Frequently
10. Contribute to productive working relationships with other health team members.	3.56	0.497	Frequently
11. Help a patient meet his/her emotional needs.	3.22	0.654	Occasionally
12. Plan for the integration of patient needs with family needs.	2.95	0.674	Occasionally
Factor mean	3.50	0.253	Frequently
Grand mean	3.52	0.192	Frequently

Note. *n=172.*

Legend: a mean score of 1.00–1.80 (not expected in this job) 1.81–2.60 (never or seldom), 2.61–3.40 (occasionally), and 3.41–4.00 (frequently).

The results in Table 2 indicate that nurses working under the 12-hour shift frequently performed the clinical activities expected in professional nursing practice, suggesting that nurses remain actively engaged in patient monitoring, care coordination, and clinical interventions despite extended duty hours. Longer shifts may support continuity of care by reducing patient handovers and allowing nurses to monitor patient progress more consistently during the same shift (Stimpfel et al., 2021). Leadership behaviors were frequently demonstrated through coordination of care, decision-making, and support of other healthcare team members, reflecting the important informal leadership role of bedside nurses in clinical settings (Stanley et al., 2021). Teaching and collaboration activities were also frequently performed, highlighting nurses' roles as educators and collaborators in ensuring coordinated and safe patient care (Wei et al., 2022). Planning and evaluation behaviors further indicated that nurses remained actively involved in organizing and managing patient care during extended shifts, which contributes to safer healthcare delivery and improved patient outcomes (Alghamdi et al., 2023). Interpersonal relations and communication were likewise frequently demonstrated, emphasizing the importance of teamwork, communication, and emotional support in maintaining quality patient care (Kieft et al., 2021). However, some critical care activities were performed less frequently, possibly due to fatigue, workload demands, and the prioritization of urgent clinical responsibilities during longer duty hours (Dall'Ora et al., 2023). Overall, the findings suggest that while 12-hour shifts may support continuity of care and sustained clinical

engagement, nursing management must still address workload, staffing support, and fatigue management to maintain safe and effective nursing performance.

Table 3 Comparison of Extent of Clinical Performance

Variables	Mean score	t value	df	*p* value	Decision	Interpretation
Leadership						
8-hour	3.61	-3.046	171	.003	Reject Ho	Significant
12-hour	3.64					
Critical Care						
8-hour	3.34	-2.662	171	.009	Reject Ho	Significant
12-hour	3.39					
Teaching or Collaboration						
8-hour	3.46	-3.255	171	.001	Reject Ho	Significant
12-hour	3.48					
Planning or evaluation						
8-hour	3.60	-.479	171	.632	Failed to reject Ho	Not significant
12-hour	3.61					
Interpersonal relationships or communication						
8-hour	3.49	-1.007	171	.315	Failed to reject Ho	Not significant
12-hour	3.50					
Overall						
8-hour	3.50	-3.071	171	.002	Reject Ho	Significant
12-hour	3.52					

Legend: Significant if p value is < .05.

Table 3 shows that some dimensions of clinical performance differed according to shift schedule, particularly leadership, critical care, teaching or collaboration, and overall frequency of clinical performance, while planning or evaluation and interpersonal relationships or communication showed no significant differences. Nurses working under 12-hour shifts appeared to perform leadership, critical care, and teaching or collaboration activities slightly more frequently, possibly because longer duty hours provide greater continuity of care, prolonged patient interaction, and more opportunities for coordination and communication with the healthcare team (Stimpfel et al., 2021; Wei et al., 2022). Longer exposure to patient care situations may also allow nurses to monitor patient progress more continuously, although fatigue during extended shifts may still affect concentration and participation in complex clinical activities (Dall'Ora et al., 2023). In contrast, planning or evaluation and interpersonal relationships or communication remained consistent regardless of shift duration, suggesting that these activities are fundamental components of nursing practice guided by standardized care plans, teamwork, and organizational support rather than shift length alone (Alghamdi et al., 2023; Kieft et al., 2021). Overall, both groups frequently performed clinical activities, indicating that nurses remain capable of fulfilling professional responsibilities under either shift schedule. The findings further suggest that clinical performance is influenced not only by shift duration but also by workload, staffing levels, teamwork, and organizational support, emphasizing the importance of adequate staffing, manageable workloads, and supportive leadership in maintaining safe and effective patient care.

Table 4 Quality of Clinical Performance under 8-hours Shift

Dimensions	Mean score	SD	Interpretation
Leadership			
1. Give praise and recognition for achievement to those under his/her direction	3.34	0.555	Well
2. Delegate responsibility for care based on assessment of priorities of nursing care needs and the abilities and	3.58	0.495	Very well

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limitations of available health care personnel.			
3. Guide other health team members in planning for nursing care.	3.48	0.501	Very well
4. Accept responsibility for the level of care under his/her direction.	3.76	0.431	Very well
5. Remain open to the suggestions of those under his/her direction and use them when appropriate.	3.87	0.352	Very well
Factor mean	3.61	0.236	High performance or good
Critical Care			
1. Perform technical procedures: e.g. oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes.	3.49	0.501	Very well
2. Use mechanical devices: e.g., suction machine, cardiac monitor, respirator	3.12	0.665	Well
3. Give emotional support to family of dying patient.	3.05	0.522	Well
4. Perform appropriate measures in emergency situations.	3.81	0.390	Very well
5. Perform nursing care required by critically ill patients	3.14	0.712	Well
6. Recognize and meet the emotional needs of a dying patient.	3.31	0.705	Well
7. Function calmly and competently in emergency situations.	3.73	0.447	Very well
Factor mean	3.38	0.341	Moderate performance or satisfactory
Teaching/Collaboration			
1. Teach a patient's family members about the patient's needs.	3.63	0.483	Very well
2. Teach preventive health measure to patients and their families.	3.67	0.470	Very well
3. Identity and use community resources in developing a plan of care for a patient and his/her family.	3.05	0.560	Well
4. Adapt teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background and sensory deprivation	3.66	0.476	Very well
5. Develop innovative methods and materials for teaching patients.	3.13	0.666	Well
6. Explain nursing procedures to a patient prior to performing them.	3.88	0.328	Very well
Teaching/Collaboration			
7. Promote the use of interdisciplinary resource persons.	3.56	0.510	Very well
8. Use teaching aids and resource materials in teaching patients and their families.	3.03	0.639	Well
9. Encourage the family to participant in the care of the patient.	3.65	0.478	Very well
10. Communicate facts, ideas, and professional opinions in writing to patients and their families.	3.28	0.687	Well
11. Use opportunities for patient teaching when they arise.	3.67	0.482	Very well
Factor mean	3.47	0.199	High performance or good
Planning/Evaluation			
1. Coordinate the plan of nursing care with the medical plan of care.	3.63	0.483	Very well
2. Identify and include in nursing care plans anticipated changes in patient's conditions.	3.49	0.513	Very well

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3. Evaluate results of nursing care.	3.75	0.448	Very well
4. Develop a plan of nursing care for a patient.	3.66	0.512	Very well
5. Initiate planning and evaluation of nursing care with others.	3.09	0.691	Well
6. Identify and include immediate patient needs in the plan of nursing care.	3.77	0.424	Very well
7. Contribute to the plan of nursing care for a patient.	3.78	0.412	Very well
Factor mean	3.60	0.266	High performance or good
Interpersonal Relations/Communication			
1. Promote the inclusion of patient's decision and desires concerning his/her care.	3.59	0.516	Very well
2. Communicate a feeling of acceptance of each patient and a concern for the patient's welfare.	3.45	0.499	Very well
3. Seek assistance when necessary.	3.49	0.501	Very well
4. Help a patient communicate with others.	3.26	0.441	Well
5. Verbally communicate facts, ideas, and feelings to other health care team members.	3.73	0.460	Very well
6. Promote the patients' rights to privacy.	3.87	0.335	Very well
7. Identify and use resources within the health care agency in developing a plan of care for a patient and his/her family.	3.45	0.624	Very well
8. Use nursing procedures as opportunities for interaction with patients.	3.53	0.577	Very well
9. Contribute to an atmosphere of mutual trust, acceptance, and respect among other health team members.	3.86	0.348	Very well
Interpersonal Relations/Communication			
10. Contribute to productive working relationships with other health team members.	3.56	0.498	Very well
11. Help a patient meet his/her emotional needs.	3.27	0.641	Well
12. Plan for the integration of patient needs with family needs.	3.00	0.631	Well
Factor mean	3.51	0.240	High performance or good
Professional Development			
1. Use learning opportunities for ongoing personal and professional growth.	3.53	0.523	Very well
2. Display self-direction.	3.37	0.508	Well
3. Accept responsibility for own actions.	3.26	0.441	Well
4. Assume new responsibilities within the limits of capabilities.	3.42	0.496	Very well
5. Maintain high standards of performance.	3.45	0.499	Very well
6. Demonstrate self-confidence.	3.87	0.341	Very well
7. Display a generally positive attitude.	3.81	0.390	Very well
8. Demonstrate a knowledge of the legal boundaries of nursing.	3.67	0.470	Very well
9. Demonstrate knowledge in the ethics of nursing.	3.52	0.501	Very well
10. Accept and use constructive criticism.	3.20	0.404	Well
Factor mean	3.51	0.219	High performance or good
Grand mean	3.51	0.169	High performance or good

Note: *n=172.*

Legend: a mean score of 1.00–1.80 indicates very low performance or unsatisfactory (not very well) 1.81–2.60

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indicates low performance or needs improvement (satisfactory), 2.61–3.40 indicates moderate performance or satisfactory (well), and 3.41–4.00 indicates high performance or good (very well).

Table 4 shows that nurses working under the 8-hour shift demonstrated a high level of clinical performance in terms of the quality of nursing care provided, suggesting that shorter shifts help nurses maintain concentration, attentiveness, and effective performance of clinical responsibilities (Dall'Ora et al., 2023). Leadership, teaching and collaboration, planning and evaluation, interpersonal relations and communication, and professional development behaviors were all performed at a high level, reflecting nurses' active roles in coordinating patient care, educating patients and families, collaborating with healthcare professionals, and maintaining professional competence (Stanley et al., 2021; Wei et al., 2022; Alghamdi et al., 2023). Strong interpersonal communication and teamwork further contributed to quality patient care and patient satisfaction (Kieft et al., 2021). However, critical care activities were rated only at a moderate level, possibly due to workload demands, staffing limitations, and the prioritization of urgent clinical responsibilities in busy hospital environments (Griffiths et al., 2022). Overall, the findings indicate that the 8-hour shift supports high-quality clinical performance, although supportive staffing conditions, continuing professional development, teamwork, and mentorship remain important in sustaining safe and effective nursing care.

Table 5 Quality of Clinical Performance under 12-hours Shift

Dimensions	Mean score	SD	Interpretation
Leadership			
1. Give praise and recognition for achievement to those under his/her direction	3.40	0.536	Well
2. Delegate responsibility for care based on assessment of priorities of nursing care needs and the abilities and limitations of available health care personnel.	3.59	0.493	Very well
3. Guide other health team members in planning for nursing care.	3.55	0.499	Very well
4. Accept responsibility for the level of care under his/her direction.	3.79	0.408	Very well
5. Remain open to the suggestions of those under his/her direction and use them when appropriate.	3.87	0.352	Very well
Factor mean	3.64	0.242	High performance or good
Critical Care			
1. Perform technical procedures: e.g. oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes.	3.52	0.501	Very well
2. Use mechanical devices: e.g., suction machine, cardiac monitor, respirator	3.16	0.637	Well
3. Give emotional support to family of dying patient.	3.06	0.515	Well
4. Perform appropriate measures in emergency situations.	3.81	0.390	Very well
5. Perform nursing care required by critically ill patient.	3.19	0.693	Well
6. Recognize and meet the emotional needs of a dying patient.	3.34	0.686	Well
7. Function calmly and competently in emergency situations.	3.72	0.463	Very well
Factor mean	3.40	0.342	Moderate performance or satisfactory
Teaching/Collaboration			
1. Teach a patient's family members about the patient's needs.	3.64	0.482	Very well
2. Teach preventive health measure to patients and their families.	3.67	0.470	Very well
3. Identity and use community resources in developing a plan of care for a patient and his/her family.	3.08	0.577	Well
4. Adapt teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background and sensory deprivation	3.65	0.478	Very well
5. Develop innovative methods and materials for teaching	3.17	0.640	Well

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patients. 6. Explain nursing procedures to a patient prior to performing them.	3.90	0.299	Very well
Teaching/Collaboration			
7. Promote the use of interdisciplinary resource persons.	3.57	0.508	Very well
8. Use teaching aids and resource materials in teaching patients and their families.	3.09	0.665	Well
9. Encourage the family to participant in the care of the patient.	3.68	0.468	Very well
10. Communicate facts, ideas, and professional opinions in writing to patients and their families.	3.30	0.675	Well
11. Use opportunities for patient teaching when they arise.	3.70	0.461	Very well
Factor mean	3.50	0.215	High performance or good
Planning/Evaluation			
1. Coordinate the plan of nursing care with the medical plan of care.	3.66	0.476	Very well
2. Identify and include in nursing care plans anticipated changes in patient's conditions.	3.50	0.513	Very well
3. Evaluate results of nursing care.	3.74	0.451	Very well
4. Develop a plan of nursing care for a patient.	3.65	0.502	Very well
5. Initiate planning and evaluation of nursing care with others.	3.12	0.651	Well
6. Identify and include immediate patient needs in the plan of nursing care.	3.75	0.434	Very well
7. Contribute to the plan of nursing care for a patient.	3.78	0.412	Very well
Factor mean	3.60	0.268	High performance or good
Interpersonal Relations/Communication			
1. Promote the inclusion of patient's decision and desires concerning his/her care.	3.63	0.507	Very well
2. Communicate a feeling of acceptance of each patient and a concern for the patient's welfare.	3.45	0.499	Very well
3. Seek assistance when necessary.	3.49	0.501	Very well
4. Help a patient communicate with others.	3.25	0.460	Well
5. Verbally communicate facts, ideas, and feelings to other health care team members.	3.72	0.478	Very well
6. Promote the patients' rights to privacy.	3.89	0.314	Very well
7. Contribute to an atmosphere of mutual trust, acceptance, and respect among other health team members.	3.86	0.348	Very well
8. Identify and use resources within the health care agency in developing a plan of care for a patient and his/her family.	3.42	0.649	Very well
9. Use nursing procedures as opportunities for interaction with patients.	3.53	0.587	Very well
10. Contribute to productive working relationships with other health team members.	3.55	0.499	Very well
Interpersonal Relations/Communication			
11. Help a patient meet his/her emotional needs.	3.22	0.665	Well
12. Plan for the integration of patient needs with family needs.	3.01	0.649	Well
Factor mean	3.50	0.246	High performance or good
Professional Development			
1. Use learning opportunities for ongoing personal and professional growth.	3.51	0.513	Very well
2. Display self-direction.	3.39	0.501	Well
3. Accept responsibility for own actions.	3.28	0.450	Well
4. Assume new responsibilities within the limits of capabilities.	3.40	0.490	Well
5. Maintain high standards of performance.	3.49	0.501	Very well

6. Demonstrate self-confidence.	3.84	0.370	Very well
7. Display a generally positive attitude.	3.81	0.390	Very well
8. Demonstrate a knowledge of the legal boundaries of nursing.	3.67	0.472	Very well
9. Demonstrate knowledge in the ethics of nursing.	3.53	0.501	Very well
10. Accept and use constructive criticism.	3.22	0.416	Well
Factor mean	3.51	0.225	High performance or good
Grand mean	3.53	0.173	High performance or good

Note: *n=172.*

Legend: a mean score of 1.00–1.80 indicates very low performance or unsatisfactory (not very well) 1.81–2.60 indicates low performance or needs improvement (satisfactory), 2.61–3.40 indicates moderate performance or satisfactory (well), and 3.41–4.00 indicates high performance or good (very well).

In Table 5 finding shows that nurses working under the 12-hour shift demonstrated a high level of clinical performance, indicating that nurses remain competent in applying clinical knowledge, technical skills, and professional judgment even during extended duty hours. Longer shifts may support continuity of care by allowing nurses to monitor the same patients for a longer period and implement care interventions more consistently (Stimpfel et al., 2021). Leadership, teaching and collaboration, planning and evaluation, interpersonal relations and communication, and professional development behaviors were all performed at a high level, reflecting nurses' active roles in coordinating care, educating patients and families, communicating with healthcare professionals, and maintaining professional competence (Stanley et al., 2021; Wei et al., 2022; Alghamdi et al., 2023). Strong teamwork and communication further contributed to effective patient care and patient satisfaction (Kieft et al., 2021).

However, critical care activities demonstrated only moderate performance, possibly due to fatigue and workload demands associated with extended duty hours, which may affect concentration and reflective aspects of care during complex clinical situations (Dall'Ora et al., 2023). Although nurses working under 12-hour shifts remained capable of maintaining high performance across most dimensions, the findings suggest that nursing management should still ensure adequate staffing, balanced workloads, sufficient rest breaks, and continuing professional development to sustain safe and effective clinical performance. Supportive workplace conditions and strong teamwork remain essential in helping nurses manage the demands of extended shifts while maintaining quality patient care.

Table 6 Comparison of Quality of Clinical Performance

Variables	Mean score	t value	df	*p* value	Decision	Interpretation
Leadership						
8-hour	3.61	-2.299	171	.023	Reject Ho	Significant
12-hour	3.64					
Critical Care						
8-hour	3.38	-1.035	171	.302	Failed to reject Ho	Not significant
12-hour	3.40					
Teaching or Collaboration						
8-hour	3.47	-1.900	171	.059	Failed to reject Ho	Not significant
12-hour	3.50					
Planning or evaluation						
8-hour	3.60	-.372	171	.711	Failed to reject Ho	Not significant
12-hour	3.60					
Interpersonal relationships or communication						
8-hour	3.51	.323	171	.747	Failed to reject Ho	Not significant
12-hour	3.50					
Professional development						

8-hour	3.51	-.112	171	.911	Failed to reject Ho	Not significant
12-hour	3.51					
Overall						
8-hour	3.51	-1.572	171	.118	Failed to reject Ho	Not significant
12-hour	3.53					

Legend: Significant if *p* value is < .05.

In Table 6 shows that leadership was the only dimension of clinical performance that significantly differed according to shift schedule, while critical care, teaching or collaboration, planning or evaluation, interpersonal relationships or communication, professional development, and the overall level of clinical performance did not significantly differ between nurses working 8-hour and 12-hour shifts. This suggests that shift length may influence selected aspects of nursing work, particularly leadership-related functions, but does not automatically change the overall quality of nursing performance. Nurses working longer shifts may demonstrate leadership behaviors more frequently because they spend more uninterrupted time coordinating care, communicating with physicians, supervising workflow, and monitoring patient progress within the same duty period. Recent evidence links clinical nurse leadership with better communication and quality of care outcomes, supporting the idea that leadership behaviors are sensitive to how work is organized within the unit. In actual practice, nurses on longer shifts often become the central coordinating person during the shift, which may explain the measurable difference in leadership performance.

In contrast, the absence of significant differences in critical care, teaching or collaboration, planning or evaluation, interpersonal relationships or communication, professional development, and overall clinical performance suggests that nurses in both shift systems are able to maintain comparable standards of care. These areas are strongly influenced by hospital protocols, teamwork, staffing, workload, organizational culture, and professional expectations rather than shift duration alone. Nurses in both schedules continue to prioritize essential clinical tasks, maintain communication with patients and healthcare teams, and perform required planning and evaluation activities regardless of shift length. The findings therefore suggest that clinical performance is shaped more by workplace systems, staffing support, teamwork, and organizational conditions than by shift duration alone. For nursing management, the results imply that simply changing shift schedules may not automatically improve overall performance. Instead, attention should focus on fatigue management, staffing adequacy, teamwork, leadership development, continuity of care, and supportive organizational systems to help nurses perform effectively under either shift model.

CONCLUSION AND RECOMMENDATIONS

Conclusion. In conclusion, the findings of the study indicate that nurses demonstrate a generally high quality of clinical performance in their professional responsibilities regardless of the shift schedule assigned to them. While certain dimensions of nursing activities differ in how frequently they are performed across shifts, the overall quality of clinical performance remains comparable between nurses working under 8-hour and 12-hour schedules. This suggests that nurses are able to maintain effective patient care practices despite differences in shift duration. However, specific aspects of clinical practice, particularly those related to leadership and collaborative activities, may be influenced by the structure and length of the work shift. These findings highlight the importance of enhancing strong clinical competencies and strengthening selected areas of practice through supportive management strategies.

Recommendations. The Clinical Performance Enhancement Plan developed from the findings of this study is recommended for implementation in the government hospital where the study was conducted after proper presentation to hospital administrators and the nursing service department. The plan may guide nurse managers in strengthening leadership activities, collaborative practices, and critical care competencies among staff nurses regardless of shift schedule, while other hospitals with similar shift systems may also adapt the proposed plan to support consistent clinical performance among nurses. The findings may contribute additional knowledge regarding the influence of work shift patterns on the clinical performance of nurses and may serve as reference

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material in nursing workforce management, nursing performance evaluation, nursing administration, clinical performance assessment, and research methodology in both undergraduate and graduate nursing education. Hospital administrators and policymakers may also review staffing schedules and work shift arrangements and strengthen policies related to leadership development, collaborative practice, and continuing professional development to ensure that nurses remain competent and effective regardless of assigned shift pattern. Furthermore, the study may be submitted for publication in local or international refereed journals and presented in research conferences, while future researchers may further explore topics such as clinical performance and shift patterns using mixed-method research designs, the relationship between nurse fatigue, shift duration, and clinical performance, and the lived experiences of nurses working under extended shift schedules and their influence on patient care practices.

CLINICAL PERFORMANCE ENHANCEMENT PLAN

Rationale

The findings showed that nurses demonstrated a somewhat high emotional style; however, adaptation to change was only fair, particularly in the emotional dimension. Although nurses were able to adjust work behaviors, emotional strain during workplace changes remained evident. These findings support the need to strengthen emotional resilience, emotional coping, and adaptability among nurses in government healthcare settings.

General Objective

To further strengthen the clinical performance of nurses regardless of shift schedule.

Specific Objectives

Specifically, the plan aims to achieve the following objectives:

a. To enhance the high level of clinical performance in leadership, teaching or collaboration, planning or evaluation, interpersonal communication, and professional development.

b. To enhance the clinical performance of nurses in the critical care dimension, particularly in the evaluation of nursing care outcomes and patient participation in decision-making.

c. To strengthen leadership and collaborative behaviors among nurses across different shift schedules.

d. To promote continuous professional development and teamwork that support consistent clinical performance in hospital setting.

Areas of Concern	Objectives	Key Activities	Persons Responsible	Time Frame	Success Indicators
Enhancement of clinical performance among nurses	To sustain high clinical performance in planning, communication, and professional development	• Conduct refresher training on nursing care planning and documentation • Conduct seminars on patient-centered nursing care • Organize interdisciplinary case discussions • Conduct quarterly clinical performance evaluation	• Staff Nurses • Nurse Supervisor • Chief Nurse • Nursing Education Coordinator	Third Quarter 2026 onwards	• Sustained high clinical performance ratings • Completed trainings and case discussions
Enhancement of critical care performance	To improve competencies in evaluating patient outcomes and critical care	• Conduct advanced patient assessment training • Conduct workshops on evidence-based nursing practice	• Staff Nurses • Nurse Supervisor • Chief	Third Quarter 2026 onwards	• Improved competency evaluation scores • Increased participation in

	interventions	• Implement simulation-based emergency response training • Establish mentorship program for newly hired nurses	Nurse • Clinical Nurse Educator		critical care training
Difference in leadership performance according to shift schedule	To strengthen leadership behaviors among nurses	• Conduct leadership development programs • Assign nurses as shift/team leaders • Conduct workshops on decision-making and coordination • Organize leadership case conferences	• Staff Nurses • Nurse Supervisor • Chief Nurse • HR Director	Third Quarter 2026 onwards	• Increased participation in leadership roles • Positive supervisor feedback
Difference in teaching and collaboration activities according to shift schedule	To strengthen collaborative practice and patient education	• Conduct seminars on effective patient education • Organize interdisciplinary team conferences • Conduct communication skills training • Implement collaborative care sessions	• Staff Nurses • Nurse Supervisor • Chief Nurse • HR Director	Third Quarter 2026 onwards	• Improved patient teaching documentation • Positive patient satisfaction feedback • Increased interdisciplinary participation

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